



Tot Field Hockey- Spring 2007

For 5 and 6 Year Olds

LOCATION:

DIXON PARK

PROGRAM DATES:

Each Saturday from March 31 to April 28
5 and 6 year old program will last from 1:30 p.m. to 2:30 p.m.

REGISTER:

City: Tues., January 16 – Thurs., March 1
Non-City: Tues., January 23 – Thurs., March 1
There will be a limit of 60 registrants per age group.
Those registering after the deadline will be charged an additional \$20.

PROOF OF
BIRTHDATE:

Birth certificate required at registration.

STAFF:

There will be a program coordinator and aides to teach and advise participants.

THE PROGRAM:

Tot field hockey is designed to introduce basic field hockey skills and game knowledge in a fun and non-competitive environment.

FEE:

\$20 City/\$30 Non-City
\$20 Late fee after March 1

INCLEMENT WEATHER:

In case of inclement weather, please call the cancellation Line at 372-1086, then press 1, and press 1 again, or Listen to B101.5 or 93.3. If we cancel a week, a make-up week will be added at the end of the program.

Please note, you will **not be contacted prior to the start of the program. Come dressed and ready to play. Cleats are not encouraged. All children need to provide their own shin guards. All other equipment will be provided for them.



VOLUNTEERS WANTED!!!

I would like to volunteer to help with the Spring Tot Field Hockey program.

Parent's Name: _____

Child's Name: _____

Phone: _____

SPRING TOT FIELD HOCKEY REGISTRATION

NAME: _____

GENDER: ☐ M ☐ F

HOME ADDRESS: _____

DATE OF BIRTH: ____/____/____
mo/day/year

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ AGE: _____ (as of 5/15/07)

PARENT'S NAME: _____

PARENT'S DAY PHONE: _____

EMERGENCY CONTACT (NOT PARENT):

NAME: _____

PHONE: _____

AGE GROUP	BORN BETWEEN
≈ Tot 5-6	5/16/2000 - 5/15/2002

T-SHIRT SIZE: YOUTH ADULT
☐ M ☐ L ☐ S ☐ M ☐ L

ATTENTION: Does your child have any physical disability, allergies, medication or facts of which we need to be aware?

☐ NO ☐ YES If yes, please explain: _____

Parent or Legal Guardian

Date

REGISTRATION DEADLINE:

Thursday, March 1st

\$20 Late Fee after March 1st

FOR OFFICE USE ONLY:

DATE: _____ AMOUNT RECEIVED: \$ _____ RECEIPT #: _____

D.O.B. _____ VERIFIED BY: ☐ New ☐ BC List STAFF INITIALS: _____

AGE WAIVER? _____ FEE WAIVER? _____ AGE WAIVER FORM ATTACHED? _____